

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-015191

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 50

Primary Registration District No. 5176

Registrar's No. 23

FILED MAY 15 1963

1. PLACE OF DEATH

a. COUNTY Camden

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Auglaize T.S.Length of stay in 1b
68 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Rural Rt. #3Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Camden

c. CITY
OR TOWN RichlandInside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Rural Rt. #3Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Alpha

Middle

Clyde

Last

Gideon

4. DATE
OF DEATH

Month

Day

Year

May

11

1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-16-94

9. AGE (last birthday)

68

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
farmer (retired)10b. KIND OF BUSINESS OR INDUSTRY
farming11. BIRTHPLACE (City and state or country)
Camden County, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Alexander C. Gideon

13b. MOTHER'S MAIDEN NAME

Ada Hillhouse

14. NAME OF HUSBAND OR WIFE

Carrie Gideon

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
yes WWI

16. SOCIAL SECURITY NO.

17. INFORMANT
Mrs. Carrie Gideon, Rt. 3, Richland, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic Hypertensive Heart Disease with
Acute Myocardial FailureINTERVAL BETWEEN
ONSET AND DEATH
20 yearsConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

None

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April 22 63 to May 11 63 and last saw him alive on May 2 63
Death occurred at 10:30 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Thos. A. Wayland MD

22b. ADDRESS

Camdenton, Missouri

22c. DATE SIGNED

May 13 63

23a. BURIAL, CREMATION,
REMOVAL (Specify)
burial

23b. DATE

5-14-63

23c. NAME OF CEMETERY OR CREMATORY

Hillhouse Cemetery

23d. LOCATION (City, town, or county)

Camden County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

J. J. Shadel

Lebanon, Mo.

25. DATE RECD. BY LOCAL REG.

May 13-1963

26. REGISTRAR'S SIGNATURE

Alpha J. Draw

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

1 0150

2 0150

3

4 0

5 1

6

7 0

8 2

9 443X

10

11

12 90-0

13 2-0

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 29 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.